FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

<u>SCC</u>) <u> </u>	9	
OMB	APP	ROV	- AL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per form 1.0

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (check if	this is an amendmen	and name has cha	anged, and indi	cate change.)		^
Loan and Warrant Financing	(and underlying sec	urities)		- ·		
Filing Under (Check box(es) that			X Rule 506	☐ Section 4(6)	ULOE	
Time on the control of the		, — ALEIO 303		— 55500001 ((0)	— 0202	
Type of Filing: ☐ New Filing	⊠ Amandmant					RECEIVED
Type of Fining: Li New Fining	Amendment	 			<i></i>	
		A, BASIC IDE	NTIFICATIO	N DATA		
1. Enter the information request	ed about the issuer				_ ((NFC 1 9 2006 //
Name of Issuer (check if thi	s is an amendment a	nd name has chang	ed, and indicat	e change.)		
Silver Spring Networks, Inc.	V 70 1111 1111 1111 1111 1111 1111 1111		,,		No.	30X /05/
Address of Executive Offices		(Niumban and Co	wast City Can	a 7in Codo)	Talanhan	Number (Inchyding Area Code
		(Number and St		-	гетерион	
2755 Campus Drive, Suite 205			ateo, CA 944			(650) 357-8770
Address of Principal Business C		(Number and St	treet, City, Stat	e, Zip Code)	Telephon	Number (Including Area Code
(if different from Executive Offi	ices)	same			1 1	Same
Brief Description of Business						
Utility meter technology					1	
Ctility moter rectiliology						•
Type of Business Organization					\	рпоо-
<u></u>	T 1::	.:14- C		7 4 21	V	THUCKSOCK
⊠ corporation	☐ limited partnersh		g [other (please sp	pecity):	- OCOSED
□ business trust	limited partnersh	up, to be formed				
		Month	Year			JAN 1 1 2007
Actual or Estimated Date of Inco	orporation or Organi	zation: 0 7	0 2		Actual I	Stimated HOMSON FINANCIA
Jurisdiction of Incorporation or	•		octol Cerrice ol	→ Shraviotion for Str	nta.	IHOMSON
sursaiding of morporation of	-					FINANCIAL
_ •	CN	I for Canada; FN f	or omer totelg	n jurisciction)	DE	· ····································

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available estate exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 	
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. 	nd
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	
,	
Lang, Scott	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Silver Spring Networks, Inc., 2755 Campus Drive, Suite 205, San Mateo, CA 94403	
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner	<u> </u>
Full Name (Last name first, if individual)	
Vaswani, Raj	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Silver Spring Networks, Inc., 2755 Campus Drive, Suite 205, San Mateo, CA 94403	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Ellis, Lendon	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Silver Spring Networks, Inc., 2755 Campus Drive, Suite 205, San Mateo, CA 94403	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	
Oja, Matt	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Silver Spring Networks, Inc., 2755 Campus Drive, Sulte 205, San Mateo, CA 94403	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	<u> </u>
Full Name (Last name first, if individual) Dresselhuys, Eric	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Silver Spring Networks, Inc., 2755 Campus Drive, Suite 205, San Mateo, CA 94403	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	•
Flammer, George	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Silver Spring Networks, Inc., 2755 Campus Drive, Suite 205, San Mateo, CA 94403	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Grosser, Adam	
Business or Residence Address (Number and Street, City, State, Zip Code)	
70 Willow Road, Suite 200, Menlo Park, CA 94025	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner	r
Full Name (Last name first, if individual)	
Weiss, Warren	
Business or Residence Address (Number and Street, City, State, Zip Code)	
70 Willow Road, Suite 200, Menlo Park, CA 94025	
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	
Foundation Capital Funds	
Business or Residence Address (Number and Street, City, State, Zip Code)	
70 Willow Road, Suite 200, Menlo Park, CA 94025	

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Pa
Full Name (Last name first, if individual)
Kuhn, Thomas
Business or Residence Address (Number and Street, City, State, Zip Code)
Edison Electric Institute, 701 Pennsylvania Avenue, NW, Washington, DC 20004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Pa
Full Name (Last name first, if individual)
McNeill, Corbin
Business or Residence Address (Number and Street, City, State, Zip Code)
Skyline Ranch #8, 525 NW Ridge Road, Jackson, WY 83001
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Promoter ☐ Director ☐ Director ☐ General and/or Managing Promoter ☐ Director ☐ Director ☐ Director ☐ General and/or Managing Director ☐ Di
Full Name (Last name first, if individual)
JVB Properties, LLLP
Business or Residence Address (Number and Street, City, State, Zip Code)
4770 Resaline Suite 390 Roulder CO 90202

						B. INFO	RMATI	ON ABO	UT OFFI	ERING					
			<u> </u>										,	<u>Yes</u>	No
1.	Has th	e issue	r sold, or	does the i	ssuer inte	and to sell,	to non-a	ccredited i	investors i	n this offe	ring?				X
			Α	nswer als	o in Appe	andix, Col	umn 2, if	filing und	er ULOE.	•				•	
2.	What i	s the n	ninimum	investmer	nt that wil	l be accep	ted from	any indivi	dual?					\$ <u>N</u>	<u>/A</u>
					•									Yes	No
3.	Does t	he offe	ring pem	nit joint o	wnership	of a single	unit?						*****************	X	
4.	or simulisted in of the	ilar ren is an as broker	nuneration sociated p or dealer	n for solic person or . If more	itation of agent of a than five	purchase broker o	rs in conn r dealer re is to be lis	ection wit gistered v	h sales of vith the SI	securities EC and/or	in the off with a sta	ering. If a te or state	ny commission a person to be s, list the name aler, you may		
Full N	ame (La	st nam	e first, if i	ndividual)								,			
Rusine	ese or Re	eidenc	- Address	Number	and Street	, City, Stat	e Zin Co	de)							
,	~>> W TW	MULLIO	c Auntos	(11mmov		·	и, шр со	ucy							
Name	of Asso	ciated I	Broker or	Dealer			-								
										_			٠.,		
				Has Solicit individua		nds to Soli	cit Purcha	sers							States
[AL		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	L Aut	Julius
[IL] [M]		N] NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	•	
		SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[VV]	[WI]	[WY]	[PR]		
Full N	ame (La	st name	e first, if i	ndividual)											
				<u> </u>		•									
Busine	ss or Re	sidence	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)							
Name	of Assoc	ciated F	Broker or 1	Dealer		· •								·	
	011111100	J11110 G I	or or or or	Domm											
States	in Whic	h Perso	n Listed I	las Solicit	ed or Inter	nds to Soli	cit Purcha	sers				-			
(Ch	eck "All	States	or check	individua	l States)			••••••							States
· [AL	.] [/	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [M]	_	N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[RI]		VE] SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Na	ame (La	st name	e first, if i	ndividual)		<u>-</u>		•	······						
Busine	ess or Re	sidence	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)	·						
Name	of Associ	ciated F	Broker or 1	Dealer						_					
·	0111350		NORGE OF	- Cara								,			
States	in Whic	h Perso	n Listed I	Ias Solicit	ed or Inte	nds to Soli	cit Purcha	sers		_					
(Ch	eck "All	States'	" or check	individua	l States)		••••••		••••••						States
[AL		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [M]		N] NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
		SC]	[SD]	[NII]	[TX]		[VT]	[VA]	[ND] [WA]	[WV]	[WI]	[WY]	[PR]		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PI	COCEED	S		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				•	
	Type of Security		Aggregat ffering Pr		An	ount Already Sold
	Debt	\$	3,000,0	00.00	\$	3,000,000.0
	Equity	\$		0	S	0
	□ Common □ Preferred					
	Convertible Securities (including warrants)	s	1,500,0	00.00	s	0
	Partnership Interests	\$		0	\$	0
	Other (Specify)	\$		0	\$	<u> </u>
	Total	\$	4,500,0	00.00	S	3,000,000.0
	Answer also in Appendix, Column 3, if filing under ULOE.					
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number	•		Aggregate
			Investors	5	D	ollar Amount of Purchases
	Accredited Investors		3		\$	3,000,000.0
,	Non-accredited Investors	_	0		\$	
1	Total (for filings under Rule 504 only)		N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
٠	Type of offering		Type of Security		D	ollar Amount Sold
	Rule 505		0		\$	0
	Regulation A		0		\$	0
	Rule 504.	_	0		\$	0
	Total	_	0		\$	0
4. '	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees.				\$	0
	Printing and Engraving Costs	•••••			\$	0
	Legal Fees			X	\$	10,000.00
	Accounting Fees		•••••		\$	0
	Engineering Fees.				\$	0
	Sales Commissions (specify finders' fees separately)				s	0

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) Page 5 of 10

Other Expenses (identify) Finders fees

Х

al expenses furnished in resp	ponse to Part C - Questio	e given in response to Part C – Q n 4.a. This difference is the "a	idjuste	ed gross		\$ <u>4,490,00</u>
ch of the purposes shown. If	the amount for any purpos nate. The total of the pa	to the issuer used or proposed to se is not known, furnish an estimal syments listed must equal the a stion 4.b above.	ate an	d check		
				Payments to Officers, Directors & Affiliates		Payments to Others
Salaries and fees	<u> </u>	······································		\$ <u> </u>		\$ <u> </u>
				\$ <u> </u>		s 0
Purchase, rental or leasing a	nd installation of machiner	y and equipment		\$0		\$ <u> </u>
Construction or leasing of pl	lant buildings and facilities	***************************************		\$		\$ <u> </u>
Acquisition of other business offering that may be used in	exchange for the assets or		_	е Л	п	\$ 0
	·			s 0		s
Repayment of indebteamess.			u	\$ <u> </u>		3 <u></u>
				\$ <u>0</u>	X	\$ <u>4,490,000.00</u>
Other (specify):		<u> </u>		\$ <u> </u>		\$ <u> 0 </u>
		·,		\$0		\$ <u> 0 </u>
 -			•			
Column Totals				\$	×	\$ <u>4,490,000.00</u>
Total Payments Listed (colu	mn totals added)			⊠ \$ <u>4,490</u>	nno ne	n

n	FEDER	AT	CTCN	٨	TT	TO E
IJ.	rrank	Al.	. MILTIN	А	u	JK P.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Silver Spring Networks, Inc.	auf tane	November 13, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Scott Lang	President and Chief Executive Officer	
1		•

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification	Yes	No
	provisions of such rule?	\Box	\mathbf{X}
	See Amendix Column 5 for state regroups		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Silver Spring Networks, Inc.	south and.	November 13, 2006
Name (Print or Type)	Title of Signer (Print or Type)	
Scott Lang	President and Chief Executive Officer	·

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX									
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK				-					
AZ									
AR									
CA		х	Loan and Warrant Financing	3	\$3,000,000.00				х
co									-
СТ							·	l 	
DE						-,			
DC									
FL									,
GA									
н									
ID			,			•.			
IL					-	-			
IN		<u> </u>				4	,		
IA									
KS				<u> </u>		<u></u>			
KY							ļ	ļ	
LA									
ME						·			
MD									
MA					ļ			ļ	
MI									
MN	 	<u> </u>	<u> </u>	-	ļ				
MS									
MO									

APPENDIX

1	2	5							
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and Amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No .		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT							•	-	
NE									·
NV									
NH			,						
NJ		,							
NM						:			
NY	_								
NC									
ND					•		•	;	•
ОН									
ОК		,		,					
OR									
PA									
RI					· .				
SC					•				
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									•
PR									